

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

Billing Questions: 800-854-7642

Website: www.24-7cardaccess.com

Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
August 11, 2017 to September 8, 2017

**SUMMARY OF ACCOUNT ACTIVITY**

Previous Balance	\$60.44
- Payments	\$133.54
- Other Credits	\$0.00
+ Purchases	\$465.50
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$392.40
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,146.00
Statement Closing Date	September 8, 2017
Days in Billing Cycle	29

**PAYMENT INFORMATION**

New Balance:	\$392.40
Minimum Payment Due:	\$10.00
Payment Due Date:	October 4, 2017
42101-5560	\$360.50 Finance Check
Check Attached #657	30.00
Check Attached #1479	75.00
	\$435.50

**MESSAGES**

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

\* \$73.10 was posted to this account in error.  
\* \$52.25 should have gone to J. Baker's Acct. &  
\* \$20.85 should have gone to M. Chene. Acct.  
Card Services to correct. Pay Purchaser Amount.

(M)

SEP 25 2017

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170908 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 14818

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$392.40  
Minimum Payment Due: \$10.00  
Payment Due Date: October 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025  
[REDACTED]

S DUANE LEWIS 14818  
BERKELEY CO SHER DEPT H109  
PO BOX 6122  
MONCKS CORNER SC 29461-6120  
[REDACTED]

559494006140013900001000000392400

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

**TRANSACTIONS**

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
08/31	08/31	85421207L00XTN6NJ	PAYMENT - THANK YOU	\$10.00-
08/31	08/31	85421207T00Y318J4	PAYMENT - THANK YOU	\$123.54-
08/23	08/23	85504997QS66MN49P	WATERS EDGE RESTAURANT MT. PLEASANT SC	\$364.97
09/05	09/05	05410197TBJ79A90M	LONGHORN STEAK00050765 COLUMBIA SC	\$39.73
09/06	09/06	85183417SS66LMLXH	RUTHS CHRIS STEAKHOUSE COLUMBIA SC	\$60.80

**INTEREST CHARGE CALCULATION**

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	29	\$0.00
Cash Advances	20.49% (v)	\$0.00	29	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

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CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

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to speak to a live representative (24 hours/7 days)

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SEP 25 2017

NOTICE: See reverse side of page 1 for important information

DEA Detectives

Meeting

W/ Sheriff

Hickman

Backow

Dinner for Narcotics Detectives  
for Working Multiple Drug Cases  
and Arrests.

\*\*\*\*\*  
DATE 8/23/17 TIME 7:42:57PM  
MID 820006421160

Water's Edge  
PLEASE SIGN AND LEAVE THE MERCHANT COPY  
THE CUSTOMER COPY IS YOURS TO KEEP

MASTER XXXXXXXXXX S  
AUTH 02373C TBL 44 CHECK 1020521  
PRE-AUTH DINING DINING 1

Transaction Key: KIK005672993861

MOUNT 274.75  
TAX 30.22

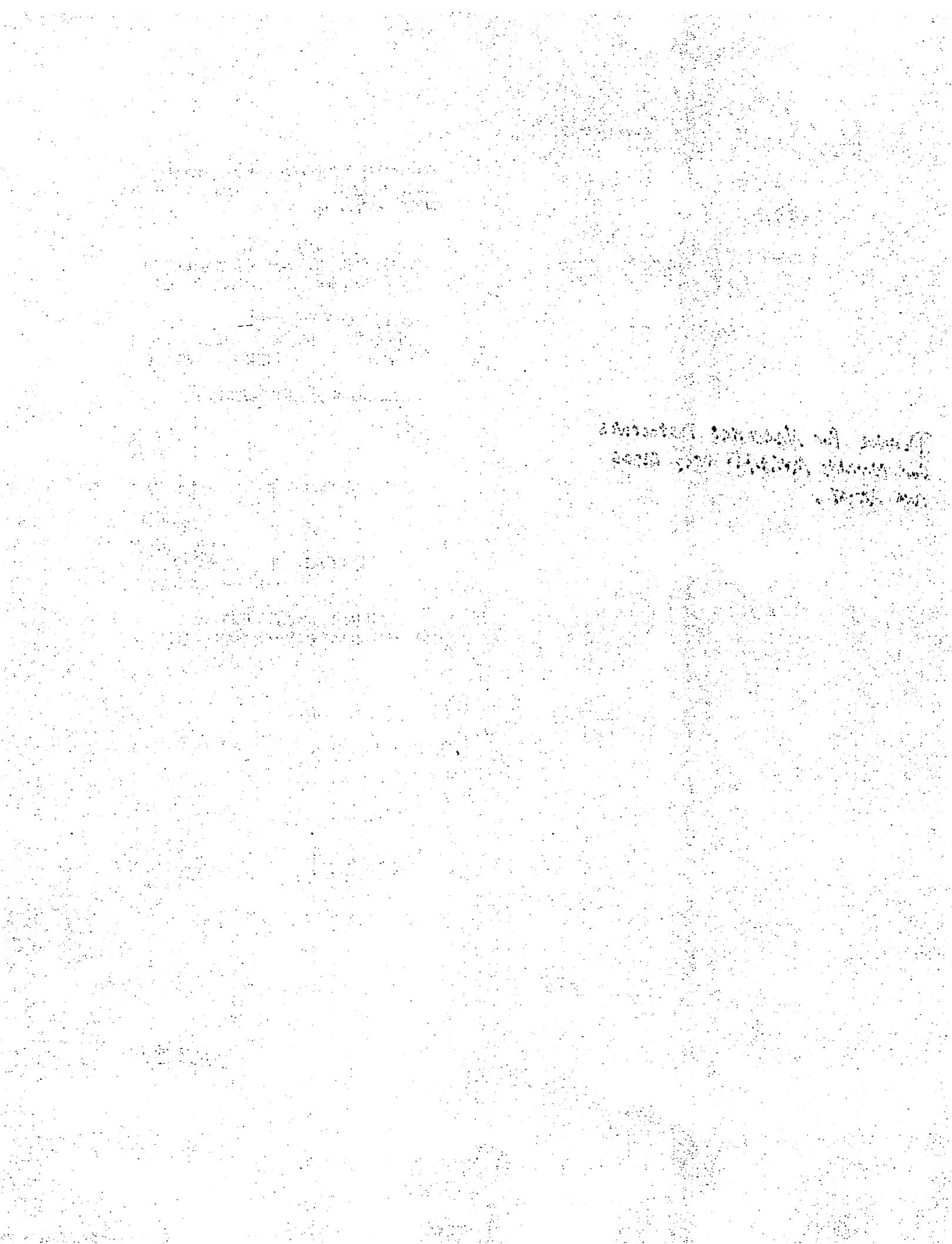
SUBTOTAL \$ 304.97

TIP \$ 60.00  
TOTAL \$ 364.97

CUSTOMER COPY

42101-5560 304.97  
check attached  
#1479 + 60.00  
= 364.97

SEP 25 2017



# GOV. MCMASTER OPIOID SUMMIT

## Columbia, SC

LongHorn 15076

902-A Gervais St

Columbia, SC 29201

Check # :52913

Table 30

Kelley

08:56 PM 09/05/2017

Gst 1

Transaction #:142095316

ID # 0814 73118 1648

XXXXXXXXXXXXXXXXXXXXXX  
\* We value your opinion. Please \*  
\* tell us about your dining \*  
\* experience by completing an \*  
\* online survey within 7 days of \*  
\* your visit. You could win a \*  
\* \$1,000 Grand Prize or 1 of 100 \*  
\* \$50 prizes. Winners are drawn \*  
\* monthly!! \*  
\*  
\* To complete the survey and enter \*  
\* the contest, go to \*  
\* [www.LongHornSurvey.com](http://www.LongHornSurvey.com) and enter \*  
\* the ID on this receipt. \*  
\* NO PURCHASE NECESSARY. Void where \*  
\* prohibited. See Official Rules at \*  
\* [www.LongHornSurvey.com](http://www.LongHornSurvey.com). \*  
\*  
\* Valoraremos su opinión. Complete la \*  
\* encuesta sobre su experiencia \*  
\* gastronómica en \*  
\* [www.LongHornSurvey.com](http://www.LongHornSurvey.com). \*

XXXXXX  
(Offer EXPIRES Sep 12, 2017)

42101-5560

32.73

Check attached

7.00

#1479

32.73

Card Number

XXXXXXXXXXXX

Auth Code

00512C

Master Card

Check Amount

32.73

... Not Included

7.00

Suggested tip amounts  
are provided for your  
convenience.

20% - \$6.55

18% - \$5.89

15% - \$4.91

Tip . . .

7.00

Total . . .

39.73

SEP 25 2017

*Steve Lewis*  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

Guest Copy

SEE check # 657

\$30.00



924 Senate Street  
Columbia, SC 29201  
(803)212-6666

Date: Sep06'17 07:35PM  
Card Type: Mastercard  
Acct #: XXXXXXXXXXXX  
Card Entry: SWIPE  
Trans Type: PURCHASE  
Trans Key: III005722812012  
Auth Code: 00620C  
Check: 9651  
Table: 504/1  
Server: 422 Night Ba

Subtotal: 52.80

Gratuity: 8.00

Total: 60.80

Signature: D. D. Diane Lew

I agree to pay above total  
according to my card issuer  
agreement.

\* \* \* \* Guest Copy \* \* \* \*

GOV. McMaster OPIOID SUMMIT  
COLUMBIA, S.C. MIW Sheriff's  
DNR

42101-5560	\$ 22.80
check attached #1479	8.00
check attached #657	+ 30.00
	\$ 60.80

SEP 25 2017

S DUANE LEWIS

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**FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement**  
**September 9, 2017 to October 10, 2017**

## SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$392.40
- Payments	\$465.50
- Other Credits	\$0.00
+ Purchases	\$598.66
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$525.56
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,474.00
Statement Closing Date	October 10, 2017
Days in Billing Cycle	32

## PAYMENT INFORMATION

New Balance:	\$525.56
Minimum Payment Due:	\$13.00
Payment Due Date:	November 4, 2017
42101-5392	\$445.44
42101-5560	+ 64.12
	<u>\$ 509.56</u>
Check Attached (2)	Finance Check
#1487	\$ 16.00
	<u>\$ 525.56</u>

 OCT 24 2017

## MESSAGES

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5106 0001 JRH 001 7 5 171010 0 PAGE 1 of 2 10 1485 0000 851 A85106 16116

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$525.56  
Minimum Payment Due: \$13.00  
Payment Due Date: November 4, 2017

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Amount Enclosed: \$

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Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-502

S DUANE LEWIS 16116  
BERKELEY CO SHER DEPT  
PO BOX 6122 H110  
MONCKS CORNER SC 29461-6120

559494006140013900001300000525565

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

**TRANSACTIONS**

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
09/30	09/30	85421208H00XS4H2D	PAYMENT - THANK YOU	\$465.50-
09/08	09/09	25247807W019N656T	HILTON COLUMBIA CENTER COLUMBIA SC	\$445.44 ✓
		CHECK-IN 09/05/17	FOLIO #00004998	
09/13	09/13	5548077802LXX62XT	VINNYS PIZZA GOOSE CREEK SC	\$28.47 ✓
09/21	09/21	F14850088000LM504	8/31 PAYMENT ADJUSTMENT	\$20.85
09/21	09/21	F14850088000LM504	8/31 PAYMENT ADJUSTMENT	\$52.25
09/26	09/26	85180898EWGSZY45R	ITALIAN BISTRO SUMMERTIME SC	\$51.65 ✓

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Purchases	14.49% (v)	\$0.00	32	\$0.00
Cash Advances	20.49% (v)	\$0.00	32	\$0.00

(v) - variable

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ATLANTA, GA 30348-5025

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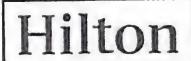


HILTON COLUMBIA CENTER  
924 Senate Street | Columbia, SC | 29201  
T: 803 744 7800 | F: 803 744 7777  
W: hilton.com

NAME AND ADDRESS:

LEWIS, DUANE  
223 NORTH LIVE OAK DRIVE  
MONCKS CORNER SC 29461  
UNITED STATES OF AMERICA

Room: 615/K1  
Arrival Date: 9/5/2017 6:51:00 PM  
Departure Date: 9/7/2017 7:18:00 AM  
Adult/Child: 1/0  
Room Rate: 184.00  
Rate Plan: PGBB01  
HH #:   
AL:   
Car:   
canopy



Confirmation Number: 3372365048

9/7/2017



CONRAD

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
9/5/2017	SELF PARKING	MMOON	2000105	\$12.00		
9/5/2017	STATE SALES TAX	MMOON	2000105	\$0.72		
9/5/2017	LOCAL OPTION TAX	MMOON	2000105	\$0.12		
9/5/2017	TRANSPORTATION TAX	MMOON	2000105	\$0.12		
9/5/2017	GUEST ROOM	MMOON	2000106	\$184.00		
9/5/2017	TAXES	MMOON	2000106	\$25.76		
9/6/2017	SELF PARKING	MMOON	2000718	\$12.00		
9/6/2017	STATE SALES TAX	MMOON	2000718	\$0.72		
9/6/2017	LOCAL OPTION TAX	MMOON	2000718	\$0.12		
9/6/2017	TRANSPORTATION TAX	MMOON	2000718	\$0.12		
9/6/2017	GUEST ROOM	MMOON	2000719	\$184.00		
9/6/2017	TAXES	MMOON	2000719	\$25.76		
9/7/2017	MC	IKING128	2000871		(\$445.44)	
	**BALANCE**					\$0.00

canopy



CURIOS



TAPESTRY



HOME2



Gov. McMaster Opioid Summit

Columbia, SC

420-5372

191

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.  
499895 A

CARD MEMBER NAME

AUTHORIZATION

INITIAL

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT THIS CARD NUMBER FOR PAYMENT

"IF YOU ARE NOT COMPLETELY SATISFIED WITH YOUR STAY, LET US KNOW AND WE'LL MAKE IT RIGHT." -HILTON'S MAKE IT RIGHT PROMISE

PURCHASES & SERVICES

CARD MEMBER'S SIGNATURE

TAXES

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

TIPS & MISC

TOTAL AMOUNT

-445.44

PAYMENT DUE UPON RECEIPT

VINNYS PIZZA  
214 SAINT JAMES AVE, Suite 100  
GOOSE CREEK, SC 29445  
8438182312

ORDER: F017676  
DINE IN

Cashier: Bonnie Z  
12-Sep-2017 12:03:41P

Transaction 005300

1	2 SLICE LUNCH SPECIAL	\$5.99
	Sausage	\$0.75
1	STROMBOLI	\$7.99
1	SPECIALTY SLICE	\$3.99
2	FOUNTAIN DRINK	\$3.98
	Subtotal	\$22.70
	Military Discount	(\$2.27)
	Tax	\$2.04
	Total	\$22.47
	CREDIT CARD AUTH	\$22.47
	MASTERCARD	
	Tip	<u>6.00</u>
	Total	<u>\$28.47</u>

Retain this copy for statement validation

Station: FRONT COUNTER

12-Sep-2017 12:05:05P

\$22.47 | Method: EMV

MASTERCARD XXXXXXXXXXXX0139

Ref #: 725500575400 | Auth #: 01213C

MID: \*\*\*\*\*7995

AID: A0000000041010

AthNtwkNm: MASTERCARD

SIGNATURE VERIFIED CITY MANAGER

JOHNNY C.R. B.B.

Order FNN7TS9J9TJHT

CITY OF HANNAH

42101-5560 22.47  
Check Attached 6.00  
28.47

..... Italian Bistro  
1625 N Main ST Suite 105  
Summerville, SC 29483  
(843) 832-6081

Lunch for Bike PATROL  
+ DEPARTS WORKERS  
IN Sangre.

09/26/2017 12:44:01  
Merchant ID: \*\*\*\*\*8651  
Device ID: 062  
Terminal ID: PPX11

Credit Sale:

Transaction #: 4  
Card Type: MasterCard  
Account: \*\*\*\*\*  
Entry: Chip  
Server #: 1

Amount: \$41.65

TIP: \$10.00

Total: \$ 51.65

42101-5560 041.65  
Check Attached 10.00  
= 51.65

STAN: 004  
Auth. Code: 02624  
Response: AUTH/TK  
TRANS ID: MCULCLHRA0926

Mode: Issuer

ID: 80000000041010

TVR: 0000000000

IID: 0110000001220000C987000000000000  
00FF

TSI: E800  
ARC: 00

CUSTOMER COPY

See  
BACY

Thank you!

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX !

Billing Questions: 800-854-7642  
Website: www.24-7cardaccess.com

Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
October 11, 2017 to November 9, 2017

**SUMMARY OF ACCOUNT ACTIVITY**

Previous Balance	\$525.56
- Payments	\$525.56
- Other Credits	\$0.00
+ Purchases	\$125.13
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$125.13
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,874.00
Statement Closing Date	November 9, 2017
Days in Billing Cycle	30

**PAYMENT INFORMATION**

New Balance:	\$125.13
Minimum Payment Due:	\$10.00
Payment Due Date:	December 4, 2017
42101-5560	\$120.13 Finance Check
Check Attached	5.00
# 1495	<u>\$125.13</u>

**MESSAGES**

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NOV 27 2017 

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5106 0001 JRH 001 7 5 171109 0 PAGE 1 OF 2 1 0 1485 0000 BS1 01AB5106 16424

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX !  
New Balance: \$125.13  
Minimum Payment Due: \$10.00  
Payment Due Date: December 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$ 

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ATLANTA GA 30348-5025  


S DUANE LEWIS 16424  
BERKELEY CO SHER DEPT H111  
PO BOX 6122  
MONCKS CORNER SC 29461-6120  


559494006140013900001000000125131

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX 1

## TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
10/28	10/28	85421209F00XTV579	PAYMENT - THANK YOU	\$16.00-
10/28	10/28	85421209J00Y30LX1	PAYMENT - THANK YOU	\$445.44-
10/28	10/28	85421209J00Y30LZ2	PAYMENT - THANK YOU	\$64.12-
10/13	10/13	55500808Y60T2JMS6	THE BARONY HOUSE MONCKS CORNER SC	\$48.29 ✓
10/31	10/31	55500809G60T2JMNH	THE BARONY HOUSE MONCKS CORNER SC	\$76.84 ✓

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NOV 27 2017

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Meeting with:

Superintendent BC schools  
Eddie Ingram

Principal Shameka  
Washington

Attorney Josh Whittier

THE BARONY HOUSE

401 ALTMAN STREET

MONCKS CORNER, SC 29461

10 13 2017 13:37:50

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXXX
Network:	MASTERCARD
Chip Card:	MASTERCARD
AID:	A0000000041010
ATC:	0008
TC:	488F19112D02E45A
SEQ #:	31
Batch #:	28
INVOICE	3
SERVER	0001
Approval Code:	01359C
Entry Method	Chip Read
Mode:	Issuer

PRE-TIP AMT \$43.29

TIP 5.00

TOTAL AMOUNT \$48.29

CUSTOMER COPY

See Back

42101-5560 43.29  
Check attached 5.00  
\* 48.29

NOV 27 2017

THE BARONY HOUSE  
401 ALTMAN STREET  
MONCKS CORNER, SC 29461  
10/31/2017 12:40:10  
CREDIT CARD  
MC SALE

Lunch Meeting  
w/ Chieft Newsome  
MAJ. BAUER, MAJ. BRABHAN  
Tommy Blackwood  
NICK AVERY

Card #: XXXXXXXXXXXX  
Network: MASTERCARD  
Chip Card: MASTERCARD  
AID: A000000041010  
ATC: 0009  
TC: 69E9B7097F5CBAB^  
SEQ #: 20  
Batch #: 30  
INVOICE 20  
SERVER 000  
Approval Code: 03150G  
Entry Method: Chip Read  
Mode: Issuer

PRE-TIP AMT \$76.84

TIP \_\_\_\_\_

TOTAL AMOUNT \$76.84

CUSTOMER COPY

See BACK

42101-5560 #76.84

NOV 27 2017



S DUANE LEWIS

Account Number: XXXX XXXX XXXX 1

Billing Questions:

800-854-7642

Website:

www.24-7cardaccess.com

Send Billing Inquiries To:

P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
December 11, 2017 to January 10, 2018

**SUMMARY OF ACCOUNT ACTIVITY**

Previous Balance	\$0.00
- Payments	\$0.00
- Other Credits	\$0.00
+ Purchases	\$23.20
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$23.20
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,976.00
Statement Closing Date	January 10, 2018
Days in Billing Cycle	31

**PAYMENT INFORMATION**

New Balance:	\$23.20
Minimum Payment Due:	\$10.00
Payment Due Date:	February 4, 2018

Check attached (2)  
# 1517

\$23.20

*JA*  
JAN 25 2018

**MESSAGES**

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

**TRANSACTIONS**

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
01/04	01/04	5531020QL61KHXJMZ	WAFFLE HOUSE 2041 GOOSE CREEK SC	\$23.20

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180110 0 PAGE 1 OF 2 10 1485 0000 RS1 01AB5106 14071  
FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX C  
New Balance: \$23.20  
Minimum Payment Due: \$10.00  
Payment Due Date: February 4, 2018

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

23.20

Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 14071  
BERKELEY CO SHER DEPT H101  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025  
[Barcode]

559494006140013900001000000023203



S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

Are you making your payment through an online Bill Pay service? Look for the Payee "Card Assets" for faster delivery of your payment

In order to ensure timely application of your payment, please remit payments to the following address.

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days)

ENROLL WITH E-STATEMENTS TODAY! Go To: [www.24-7cardaccess.com](http://www.24-7cardaccess.com) TO ENROLL WITH E-STATEMENTS. SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information



## INTER OFFICE MEMORANDUM

---

DATE: January 24, 2018

TO: Melanie Chears, Chief Administrator

FROM: Sheriff S. Duane Lewis

REF: Receipt for Waffle House \$23.20 on 1/4/2018

A handwritten signature in blue ink, appearing to read "S. Duane Lewis".

On January 4, 2018, I made a purchase at the Waffle House. The receipt for \$23.20 was misplaced and will be turned in immediately if found.

A handwritten signature in blue ink, appearing to read "Melanie Chears".





S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

ANNUAL FEE TO BE BILLED NEXT STATEMENT: \$10.00  
ANNUAL PERCENTAGE RATE: SEE BELOW GRACE PERIOD: 25 DAYS  
MINIMUM FINANCE CHARGE: NONE TRANSACTION FEE: NONE  
INTEREST IS CHARGED ON THE AVERAGE DAILY BALANCE (INCLUDING  
NEW PURCHASES). IF YOU WISH TO CANCEL YOUR ACCOUNT TO AVOID  
PAYING THE ANNUAL FEE, WRITE US WITHIN 30 DAYS OF THE ANNUAL  
FEE POSTING. IF YOU NOTIFY US THAT YOU WISH TO CANCEL YOUR  
ACCOUNT, YOU MAY USE YOUR CARDS DURING THE 30 DAY PERIOD  
WITHOUT PAYING THE ANNUAL FEE, BUT AFTER THAT 30 DAYS YOU  
MUST RETURN THE CARDS TO US. YOU MAY THEN PAY YOUR BALANCE  
IN MINIMUM MONTHLY PAYMENTS.

### INTEREST CHARGE CALCULATION

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Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	28	\$0.00
Cash Advances	20.49% (v)	\$0.00	28	\$0.00

(v) - variable

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NOTICE: See reverse side of page 1 for important information



Name & Address

Lewis, Duane

EMBASSY  
SUITES  
by HILTON™

200 Stoneridge Drive • Columbia, SC 29210  
Phone (803) 252-8700 • Fax: (803) 256-8749  
For reservations across the nation  
www.embassysuites.com or 1-800-EMBASSY

Suite 105/TDBN  
Arrival Date 1/24/2018 3:53:00 PM  
Departure Date 1/26/2018  
  
Adult/Child 1/0  
Suite Rate 125.00  
  
Rate Plan: SHR  
HH #  
AL:  
Car:

*Folio*

Confirmation Number: 81115144

1/26/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
1/24/2018	3739961	GUEST ROOM	\$125.00
1/24/2018	3739961	STATE TAX	\$8.75
1/24/2018	3739961	CITY TAX	\$6.25
1/24/2018	3739961	DESTINATION MARKETING FEE	\$2.50
1/25/2018	3740515	GUEST ROOM	\$125.00
1/25/2018	3740515	STATE TAX	\$8.75
1/25/2018	3740515	CITY TAX	\$6.25
1/25/2018	3740515	DESTINATION MARKETING FEE	\$2.50
1/26/2018	3740809	MC *	(\$285.00)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		1/24/2018 1/25/2018 STAY TOTAL	
ROOM AND TAX		\$142.50 \$142.50 \$285.00	
DAILY TOTAL		\$142.50 \$142.50 \$285.00	

*SC Sheriff's Assoc.  
Winter Conference*

ACCOUNT NO.		
MC		
CARD MEMBER NAME		
Lewis, Duane		
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	
CARD MEMBER'S SIGNATURE <b>X</b>		

DATE OF CHARGE	FOLIO NO/CHECK NO.
1/26/2018	907124 A
AUTHORIZATION 02456G	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-285.00





**Billing Questions:**  
800-854-7642

**Website:**

**Send Billing Inquiries To:**  
P.O. Box 2988, Omaha, NE 68103-2988

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
March 10, 2018 to April 9, 2018

## SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$0.00
- Payments	\$0.00
- Other Credits	\$0.00
+ Purchases	\$39.65
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$39.65
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,960.00
Statement Closing Date	April 9, 2018
Days in Billing Cycle	31

## PAYMENT INFORMATION

New Balance:	\$39.65
Minimum Payment Due:	\$10.00
Payment Due Date:	May 4, 2018

072318  
4-23-18

## MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

## TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
03/15	03/15	7533700EVDY0ATRV7	FORMOSA RESTAURANT LADSON SC	\$39.65 ✓

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 180409 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 11825

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX 0139  
New Balance: \$39.65  
Minimum Payment Due: \$10.00  
Payment Due Date: May 4, 2018

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

Indicate name or address change on reverse side and check here.

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S DUANE LEWIS 11825  
BERKELEY CO SHER DEPT M202  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 71205  
CHARLOTTE NC 28272-1

559494006140013900001000000039654



S DUANE LEWIS

Account Number: XXXX XXXX XXXX

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PO BOX 71205

CHARLOTTE, NC 28272-1205

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FURMUSA RESTAURANT  
650 COLLEGE PK RD UNIT  
LADSON, SC 29456  
843-569-3399

Meeting with  
Chief Nesbome  
Chief Cummings

TERMINAL ID.: 27020131912502

MASTERCARD  
XXXXXXXX EXP:11/11 SWIPE

SALE  
BATCH: 091071 INV: 000003  
Mar 15, 18 18:45  
RRH: 10710003 AUTH: 015412

TRN REF# KCB4FC108315

APPROVED

SALE AMT \$34.6-

TIP \$ 5.00

TOTAL \$ 39.65

S DURKE LEWIS

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

See Back